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ABSTRACT

This literature review and bibliography of 35 references addresses child care and education of young (under age 6) children with disabilities. It utilizes a question-and-answer format, with relevant references cited in the answers. Questions address the following issues: (1) incidence of disabilities or delays in children under age 6; (2) features and trends in child care in the United States; (3) labor force participation by mothers of children with disabilities; (4) desires of parents regarding available child care settings; (5) identification of developmental problems in regular child care settings; (6) staff development and training needs of regular child care staff; (7) support needs of parents of children in integrated settings; (8) benefits of integrated settings to children with disabilities or delays; (9) effects of integration on nondisabled children; (10) relative costs of integrated preschool programs compared to special education settings; (11) financial responsibility for the care/education of such children in integrated settings; and (12) elimination of perceived threats of integrated settings to those committed to past practices. (DB)

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CHILD CARE AND EDUCATION FOR YOUNG CHILDREN WITH DISABILITIES: A LITERATURE REVIEW AND BIBLIOGRAPHY

by Dale Borman Fink

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This working paper has been adapted from the Final Report of a study conducted by the Wellesley College Center for Research on Women and the New York State Child Care Coordinating Council (NYSCCCC), with federal funds provided by the New York State Developmental Disabilities Planning council (DDPC). The study was co-directed by Dale Borman Fink of the Wellesley Center and Sandra Lamm of the NYSCCCC.

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INTRODUCTION

The project which gave rise to this literature review set out to describe the realities facing families with children under age six in New York state when they attempted to make arrangements for the care and education of their children with learning delays or disabilities. What were the families' aspirations and their experiences? What were the prevailing practices among providers of child care and education for this age group? What model programs existed in New York or elsewhere that could integrate children with and without special needs? What state or local policies could assist or impede in the expansion of appropriate care and educational arrangements for this population?

Had other American researchers asked these and related questions before? If so, where had they asked them and how had they answered them? That is what the literature review attempted to ascertain. The gleanings we thereby drew from other studies did not become simply an appendage tacked on to our report to satisfy accepted academic protocol. Rather, they seeded our thinking and our work from beginning to end. We looked closely at the questions that others appeared to have answered definitively, the questions they had never asked, and the questions they had asked but found themselves unable to fully address.

We chose an unconventional format for this literature review, but one which we believe readers with many different backgrounds will find accessible. Our review poses and then answers twelve questions about child care and education for young children with disabilities. Some work is referenced several different times in the context of answering numerous questions. Other work is referenced only once. Still other related work is not referenced at all in the discussion; however, it has been listed in the bibliography with brief annotations for the interested reader who wishes to pursue the subject at greater depth.

LITERATURE REVIEW

Full citations for all authors and publications cited in the following discussion are found in the bibliography, beginning on page 13.

1. How many children under six are there in the United States with identified delays or disabilities?

Hartley, White and Yogman (1989) cite a figure of 332,915 three to five year olds nationally receiving services. Extrapolating from this number, they estimate another 450,000 children nationwide under three years of age. Of the 3 to 5 year olds, they report that 265,447 were being served in special education programs, while 67,468 children with disabilities were unserved in any program.

2. What are some of the key features of the 'child care landscape' of the United States pertaining to all children under six?

INCREASING MATERNAL EMPLOYMENT: According to Lubeck and Garrett (1988), 54% of mothers of all children under six are in the workforce. They note that 47.9% of preschoolers whose mothers work are cared for primarily by a parent or family member (leaving the other 52% in need of other arrangements). Hartley, White and Yogman (1989), citing the Monthly Labor Review (1986), note that 64% of African-American mothers with infants under age one were employed, which was 15% higher than the rate for whites.

INCREASING USE OF DAY CARE: Lubeck and Garrett (1988) report that nearly one child in four under the age of five attends some form of "organized facility," and that 15% are in some form of day care as their primary arrangement. They add that 22% of preschoolers whose mothers work attend family day care homes. Hartley, White and Yogman (1989), citing Current Population Reports (1982), state that "approximately 33% of the children ages 0 to 3 are cared for in their own home, and 42% are cared for out of the home, either by a relative or other caregiver." They state further that 5% of children under 1 year of age are cared for in day care centers, while for those over 1 but under 3, this rises to 11.7%. It further rises to 21% of children over 3 but under 5. (Note that a family may use some day care without it being the primary arrangement.)

UNMET NEED FOR CHILD CARE: The Rockland Council for Young Children (1991) [Rockland County, New York] found that currently there is a shortage in the numbers of licensed child care spaces for all age groups in their county. The unmet need was estimated at 83% (2930 slots) for children under 3 years and 52% (1800 slots) for children 3 to 5.

LOW PAY, HIGH TURNOVER: The report of the New York State Council on Children and Families, Early Childhood Services in New York Volume I, (1987) found that 90% of all day care workers in the state were women and that low salaries prevailed throughout the industry. Outside New York City, teachers earned an average of $4.95 an hour or $10,358 per year; assistant teachers earned $4.14 an hour or $8611 per year; aides earned $3.69 an hour or $7,675 per year. In New York City, teachers earned $9.14 an hour, or $19,011 per year; assistant teachers $6.85 an hour or $14,248 per year; and aides $5.85 an hour, or $12,168 per year. Just 66% of programs provided health insurance to staff--with some of those providing it only to individuals, not to families. (All figures are for staff in licensed day care centers.)

The National Child Care Staffing Study (1989) conducted in five major metropolitan areas (none in New York) by the Child Care Employee Project found that average turnover in center-based day care was 41% annually. It also found a direct correlation between program quality and wages of staff: centers with higher quality (based on carefully controlled field observations) were associated with higher teacher salaries and lower rates of turnover.

The research literature provides additional "accidental" confirmation of staff instability in regular child care settings: Rule et al (1985) note that over a two-year period, 30 persons had filled teaching positions in the two day care centers in which they implemented their Social Integration Program; of these, 10 "could no longer be located" for the purpose of follow-up interviews.

COMMUNICATION AND INDEPENDENCE MOST VALUED SKILLS IN DAY CARE SETTINGS: Murphy and Vincent (1989) found that clusters of skills relating to communication and independence were those child care staff found most important for any child to succeed in their settings. Teachers, directors and family day care providers from a total of 23 different settings in Madison, Wisconsin, were asked to rate the importance of 57 different skills. The authors then consider the implications for children with disabilities. Communication included such items as asking for help and greeting people. Independence-related skills were next most important, with "locating bathroom" receiving the highest ranking within this area. The authors' interpretation of the findings is that the most highly rated skills are those that "increase the child's ability to function in a large group, therefore making the child easier to manage in a large group."

The areas of communication and independence, say the authors, are "difficult areas for handicapped children. Communicating wants and knowing when to ask for help are important skills in settings where the care provider is not always available for immediate and direct attention."

IMMENSE VARIATION ACROSS REGULAR PRESCHOOL SETTINGS: Sainato and Lyon (1989) studied children in two regular preschool settings and found enormous differences. Child-guided activities occupied 22% of the time in one and 50% of the time in the other.

3. How does labor force participation by mothers of children with disabilities compare to that of other mothers?

The literature offers some contradictory views on this question.

---Light was shed on this question--inadvertently--in the course of "A Survey of Federally Funded Model Programs for Handicapped Infants, (Karnes, Linnemeyer, Shwedel, 1981)." In attempting to measure parent involvement or the lack of it in these programs, "the most commonly cited reason for lack of involvement was time constraints because of job commitment."

--From Glass (1982), we infer a reduced rate of labor force participation. "The mother who is not only mother but is nurse, counselor, teacher, and program planner for her four-year-old retarded son will be lucky to catch a moment to herself every few days. If she tries to hold down a job as well [emphasis added], she will be called 'super-mom when her real title should be 'super-tired.'" The implication that such mothers are entering the work force in lesser numbers than other mothers is reinforced by what she says about the prospect of finding day care: "As four mothers wait in line for every one child care slot available to children without disabilities, mothers of children with special needs give up the search."

---A different view comes across in Klein and Sheehan (1987): "...one can either assume that mothers of handicapped children do not work outside the home (an unlikely assumption) or one can assume that the actual number of working mothers of nonhandicapped children is equivalent to that of mothers of handicapped children. Given the most current data, we choose to support the latter assumption and we estimate that between 40% and 50% of mothers of handicapped infants and preschoolers work outside the home..." They cite data from a 1985 New Mexico Developmental Disabilities Planning Council survey to buttress their argument. That survey of parents whose children attended 17 early childhood special education programs found that 46% of the respondents reported that they were working outside the home--and that 40% were using some form of care outside the home (including relatives) in addition to the special education program.

---Bagnato, Kontos, and Neisworth (1987) discuss parental need for labor force participation but make no attempt to assess how their participation levels actually measure in comparison to others: "There is no reason to believe that women with handicapped children have any less need to work than other women (Fewell, 1986). In fact, it seems reasonable to assume that families with exceptional children are more likely to be burdened financially because of the increased medical costs associated with disabilities, and thus they may be more dependent on two salaries."

---Berkeley Planning Associates (1988) estimated that there were 159,000 children with special needs who had mothers employed outside the home in California, of whom approximately one-fourth, or 39,750 would be children age five or under. They estimated that 80,000 mothers of children with special needs were in need of child care in California at any given time; among these would be 20,000 mothers with children age five or under.

They finesse the question of whether actual maternal labor force participation is higher, the same, or lower than that of other mothers by emphasizing, as do Bagnato et al that the need for employment is at least as great or greater.

4. Do parents of children with developmental delays and disabilities want their children to participate in the spectrum of preschool education and child care settings in which other people's children participate?

---Idaho Parents Unlimited for the Handicapped, Inc. (1988) found that 50% of parents of children identified as having special needs did seek a "normal environment" for their children. However, 95% said they were not aware of any local child care options for their children.

---Berkeley Planning Associates (1988) found that 37% of parents of children with special needs in California reported in regard to present child care arrangements that they were "forced to take whatever they could find," while 26% said they "had enough alternatives." Parents of 3 and 4 year olds were most likely (43%) to say they were "forced to take whatever they could find," with only 16% saying they "had enough alternatives." (A survey in Oakland, California, conducted around the same time by the same researchers found that 35% parents of all children "had enough alternatives," while 28% "were forced to take whatever they could find.")

---A study of a very small sample of parents of school-age children with special needs in southeastern Pennsylvania found that 21% didn't believe staff of before- and after-school child care settings were "qualified to serve children with special needs." A much larger 74% had never enrolled their child in any type of program, and the other reasons given included, "no child care services available," "no services offered at right time," and "no available transportation."

---A qualitative sample of parents of school-age children with disabilities living in 22 states conducted by Fink (1988) found 61% preferring a mainstreamed environment for after-school care and 39% preferring a segregated environment. Parents of younger children (under 12) tended to more strongly favor the mainstreamed environment than parents of adolescents.

5. Can regular child care settings help to identify developmental (or other) problems in young children?

---Rustia and Barr (1986), state that developmental problems will be found in 6-7% of all infants and in 12-14% of those born with low birth weight. "Specific conditions such as cerebral palsy and minimal brain damage are often not fully manifested until age 2, and perceptual psychomotor problems, until 3 or 4." Given these facts, it is inevitable that many children will enter child care settings with no previous diagnosis. Rustia and Barr describe an effort at screening for health and developmental problems at two licensed day care centers in Omaha, Nebraska. The day care teachers themselves conducted the screening

after receiving training from a nurse. A number of problems were verified which had not been previously known to the parents. The most frequently verified previously unidentified problems were related to the ears: hearing problems or ear infections.

---Clark and Oltmans (1986), discuss The Sooner The Better Project (called TSTB), which is based in Baby Toddler Nursery, sponsored by the Infant Welfare Society of Evanston, Illinois, serving ages 4 months-3 years. The researchers explored the reasons why regular child care center staff were reluctant to make referrals, even if they observed what they considered problematic behavior or development: they were fearful of being "seen as intrusive into parent's personal life;" or thought the findings "would reflect poorly on their own teaching." Giving them information about normal and abnormal development through courses and workshops did not in itself lead to increased referrals.

"Continuous work around the needs of individual children... contributed most to furthering development of caregivers' clinical observation skills, changes in attitude...and well-deserved professional pride in having observations respected and ideas incorporated into treatment plans for special needs children."

---In the New York State Early Intervention Program Training Needs Assessment for Child Care Providers, a total of 395 responses were received from day care staff. Of these, 14% of providers indicated that they worked with at least one child formally identified as developmentally delayed or disabled--mostly two, three and four year olds, while 23% of providers are serving other children that have not been formally identified but whom providers suspect have developmental delays or disabilities.

6. What kind of staff development and/or training of regular child care staff is effective in expanding the quantity and improving the quality of integrated child care?

---Kontos (1988) describes Project Neighborcare, which offered workshops combined with ongoing consultant support and supervision to family day care providers who accepted children with special needs in Lafayette, Indiana. Observers measured "meaningful improvements in child care quality" among 7 of the 8 home providers participating in year two of the project. As a result of their training and involvement in Neighborcare, caregivers scored dramatically higher on an instrument designed to measure their ability to handle various interventions independently.

---Rule et al (1985), report that what day care teachers liked best about the Social Integration Program was, "seeing the progress and achievement of the children...apparently, when children made progress, teachers perceived themselves as successful." Sharing the specific goals of children and showing them the measures used to determine when children had achieved these goals was an important part of training.

---Klein and Sheehan (1987) interviewed 20 staff of New Mexico day care centers and found that of all content areas, the training need cited by the largest number (80%) was "behavior management strategies," with half or more also selecting "strategies for including handicapped children in activities," and "targeted work with parents." As to the format for

the delivery of training, Klein and Sheehan promote the teacher consultation model as developed by the Technical Assistance Project of the Society for Crippled Children in Cleveland, Ohio. (Klein also wrote about this model in her earlier [1981] article, "Disabled children need day care, too.")

The teacher consultation model, as proposed by Klein and Sheehan, requires that "an early childhood/special education program would be identified in each community as the agency responsible for planning, implementing, and evaluating staff development for day care providers...the training needs of individual day care center staffs will be assessed as the first step in the training process." Case studies from the TAP program illuminate how the teacher consultation model worked successfully with day care centers that had never previously enrolled children with disabilities. One involved a 3 1/2 year old with spina bifida, who used diapers and wore braces. The other involved a 5 1/2 year old with mental retardation, partial paralysis on one side, no expressive language skills, and unpredictable behavior including biting and hitting. In both cases the teacher-consultants from TAP conducted preservice training and helped identify changes that had to be made in advance, such as the installation of hooks to hang braces and preparation of a diaper-changing area. They also were present on site for at least the first several days of the childrens' attendance in the programs. They helped develop curricula, such as books and puppets, to help the staff answer questions posed by the non-disabled children and attended meetings with the parents of the non-disabled children to answer questions and raise awareness about mainstreaming. Further, the TAP teacher-consultants facilitated the involvement of other specialists, such as therapists, in providing additional information and support to the day care staff.

---Bruder, Deiner, and Sachs (1990) address the need to upgrade skills of staff in child care programs which have not actually sought out training, but which are simply participating as partners in child care/special education collaborations. Some of the pilot project sites demonstrated a poor quality of care. The authors comment that, "When staff in the Connecticut and Delaware projects have felt that they are working, for lack of alternatives, with child care providers who are not offering high quality care, they look for opportunities to offer consultation and support. Good rapport (perhaps facilitated by monetary incentives) between early intervention and child care staff is essential."

---Johnston, Bemporad, and Muir (1990) describe three different approaches to supporting child care staff through models of "mental health consultation." The Johnston article is the most specific of the three with reference to how a mental health consultation model can impact favorably on the integration of a child with special needs in an integrated child care setting. "Cara" was a child whose behavior deteriorated when she moved from the infant to the toddler room in her day care center in San Francisco. With the parent's permission, the consultant observed the child, met with the staff, and facilitated major improvement in parent-staff communication. The caregivers came to understand through the intervention that they were needing to focus less on activities (e.g. feeding) and more on the relationship they were forming with each child.

---The New York State Early Intervention Program Training Needs Assessment for Child Care Providers found that 25% of providers responding to the survey had received some kind of training related to the integration of children (under age 3) with special needs, and that 42% of providers would like additional training in serving children with special needs.

7. What are the support needs of parents of children with special needs when their children are enrolled in integrated settings?

DAILY COMMUNICATION: Hartley, White and Yogman (1989) stress the importance of the caregiver communicating each afternoon with the parents about what the child has done during the day, "particularly when the child cannot speak." Bagnato, Kontos, and Neisworth (1987) emphasize that "even though most early childhood programs have some form of family involvement, the need for it is heightened when handicapped children are involved."

NEED HELP IN RELATIONS WITH PARENTS OF NON-DISABLED CHILDREN: Both Hartley, White and Yogman (1989) and Bailey and Winton (1987) emphasize that parents of children with disabilities may not automatically find it easy to strike up relationships with parents of non-disabled children--in part because the latter group may be hesitant or unsure in approaching them. Bailey and Winton found in pre- and post-testing parents of children with and without special needs in a newly integrated day care setting in Chapel Hill, North Carolina, that most anticipated benefits of mainstreaming did materialize. However, the post-test revealed the parents of children with special needs less sure that "mainstreaming gives families of handicapped children more of a chance to meet and interact with families of normally developing children." They advise care providers to focus extra efforts to help facilitate this process.

RECOGNIZE DIFFERING EMOTIONAL PERSPECTIVE: Much of the Clark and Oltmans (1986) article about The Sooner The Better Project (TSTB) is a case study of "Brian" who became disabled after contracting bacterial meningitis at 8 months. There is a discussion of the progression of both parents' attitudes ("very deep needs both emotional and practical") and staff attitudes ("largely practical"). "The parents were coping with the loss of their healthy infant, while caregivers were emotionally involved only with the child he had become." Also, parents had "just completed an interstate move and dual career changes when Brian became ill." Caregivers' rapport with parents improved as TSTB staff supported the growth and understanding of staff and also freed them up to have time for meetings, discussion. In the end, "the day care center has proven to be an ideal source of support...in ways that more traditional services for infants and families facing developmental problems may find difficult to achieve," due to the frequency of contact and informal, casual nature of some portion of the interaction.

8. What are the benefits to children with identified delays or disabilities of participation in integrated settings relative not to parental or family needs but to children's growth and development?

CREATIVITY, SOCIAL DEVELOPMENT, SELF-HELP SKILLS: From Hartley, White and Yogman (1989): "In a comparison of environments for preschool children and staff, Bailey, Clifford and Harmes found that centers with only disabled preschool children (segregated centers) had fewer activities and areas that would foster creativity and social development. Mealtime at child care centers with only non-disabled children were much more likely to be a time for encouraging socialization and self-help skills." In interviewing families of children with special needs who used the family day care providers involved in Project Neighborcare, Kontos (1988) found parents reported their children appeared more "lively and excited" than in other early intervention settings. Templeman, Fredericks, and Udell (1989) found in a study of children participating in an early childhood/special needs collaboration in Oregon that the fully integrated children (whose entire day was spent in a "merged" program) showed an increase in the number of interactions with nonhandicapped children over the course of the year, while other children with comparable disabilities who only had one hour a day of integration did not.

NORMALIZATION: From Ketchum (1977): "Let us look beyond the classroom, the teacher-child ratio, and the teacher's qualifications and consider the experience of 'going to school.' The expression principle of normalization, originating through the Swedish Association for Retarded Citizens, implies that 'the rhythm of the day, and of the year, should be similar for retarded persons as for other persons of like age, sex, and social status.' (Lippman, 1977).

"The routine of preparing each day to go to a place to be with other children his or her age, and returning home, and knowing that both places are safe and fun but different, may be more important to a handicapped child than any directed 'teaching' we may offer him or her." Swadener (1988) found "high rates of acceptance of mainstreamed peers" at two multi-cultural day care centers in an urban midwestern community, with "evidence of valuing and friendship with mainstreamed peers at [one of the two]." Kontos (1988) found the parents of children with disabilities who attended integrated family day care were "appreciative of the family atmosphere and the contact with nonhandicapped children."

EDUCATIONAL SKILLS: Rule et al, (1987) discuss the educational impact on children who participated in a Social Integration Program (SIP) located in Utah. To measure the educational impact of the SIP experience, participants were matched on the basis of mental age, chronological age, and handicapping condition with participants in self-contained special education programs and also with children with comparable disabilities participating in Head Start. They report that "SIP and handicapped children in Head Start and self-contained settings performed similarly on developmental and educational tests and obtained similar social skill ratings...the SIP model was as effective as other programs in serving handicapped children."

9. What are the effects of integration on non-disabled children?

---Bailey and Winton (1987) found that fears among parents of those without special needs (attending a newly integrated child care center) declined significantly from the pre-test to the post-test 9 months later. For instance, the statement that "nonhandicapped children will not receive enough teacher attention" was chosen by 15% (of those whose children were without disabilities) as the greatest drawback in the pre-test but by only 6% on the follow-up. Another 12% had selected as the greatest drawback in the pre-test "nonhandicapped children won't get their fair share of resources," but only 3% selected this on the post-test. Ironically, after one school year of integration, it was mostly the parents of the children with special needs who worried that the "nonhandicapped will not receive enough teacher attention."

---Rule et al (1985), report that all but two of 20 regular day care teachers interviewed felt that the Social Integration Program training had "improved their teaching skills with nonhandicapped children as well."

10. What are the relative costs of integrated preschool programs as compared to special education settings?

Rule et al (1987) made cost comparisons between the Social Integration Program in Utah and special education programs. The cost of all staffing and support (including special education teachers) for the SIP model was $14.49 per child per day, with the identified children attending anywhere from 3 to 10 hours per day (at the discretion of the families). Self-contained special education preschool programs were costing the state of Utah at that time from $18.00 to $25.00 per day, with children generally attending programs only two and one-half hours per day. (The authors note that the relative cost-effectiveness of SIP would be even more dramatic if the value of the released time made available to parents--to produce income, etc.--were included in the calculations.)

11. Who pays for care/education of children with identified special needs when they attend an integrated early childhood or child care setting?

Bruder, Deiner, and Sachs (1990) examined the efforts of three states--Delaware, Connecticut and Massachusetts--to implement policies that would support the combination of early intervention and special services with enrollment in regular community-based day care. It is one of the few articles in all the literature which addresses the question of who pays for day care for families whose children have identified special needs. "Early intervention services for infants and toddlers with disabilities--where they have existed under state auspices and with Medicaid reimbursement--have typically been provided at little or no cost to families, regardless of family income. Child care, however, has generally been regarded in this country as the financial responsibility of the parents [emphasis added]." They detail how each of the three states handled the issue of cost of the "day care" portion of participation differently.

12. Is change to more integrated settings threatening to those committed in the past to other practices? If it is, how can it be accomplished and made less threatening?

DAY CARE CENTER STAFF: In the Johnston (1990) article on mental health consultation in San Francisco, one case study looks at the issue of change within a large day care center with its own long-established patterns. The consultant's important contribution lay not in diagnostic or programmatic assistance relating to any of the identified children with special needs, but rather in helping to untangle the (largely hidden) conflicts among the staff. For instance, it was important to understand the reasons why "change" was viewed as negative by the aides and had always in the past meant for them a loss of control. The consultant helped them explore ways in which their sense of control could be supported during a period in which adaptations would be made to create a more successful integrated setting. "Within the network of trusting relationships that had been established, difficult feelings could be expressed and new ways of relating to children supported."

Klein and Sheehan (1987) describe how staff in a Cleveland, Ohio, day care center, faced with their first attempt at integration "hesitated due to lack of toilet training and problematic behavior," but afterwards "are very proud of what they are doing and are now able to adapt independently more activities to include [child with special needs]." Teachers unsure of their competence in dealing with these children, needed to experience success in order not to feel threatened.

FAMILY DAY CARE PROVIDERS: Kontos (1988) found the fears of family day care providers could be overcome through ongoing support, somewhat akin to what Klein and Sheehan reported among center-based staff. Many of those who had successfully participated in Project Neighborcare reported during the evaluation they were unsure of their ability to serve "severely handicapped children." Ironically, some who made this statement were in fact already serving children diagnosed as "severe." Apparently, they defined "severe" as relative to whatever they had already experienced.

THOSE INVOLVED IN NEW COLLABORATIONS: Ketchum (1977) finds anxieties arising for professionals involved in collaborative programs: "One aspect of a team arrangement that may be difficult is that one's 'performance'...is made visible to others. Some team members may be threatened by the possibility of exposure. Therefore, it is important that a basis of understanding, of working together and not competing, is established among team members."

PARENTS: Ketchum (1977), sees parents as another group that may feel threatened: "The parents of the exceptional child will be concerned about their child's reaction to the new situation and may be overly sensitive to the teacher's reaction...to the child." "The parents of the non-handicapped children may not know how to help their children understand...and will probably question the effect of the presence of an exceptional child on their child's growth."

SPECIAL EDUCATORS: Kontos (1988) found the fears of special educators less mutable than those of family day care providers. She describes the skepticism that greeted her "family day care as early intervention" model at the outset. Based on later interviews, they "appear not to have changed their minds even after the model was implemented." One administrator is

quoted asking how "family day care providers could be trained to do in six workshop sessions" what she had obtained a college degree to do. (Kontos notes that this person and other skeptics tended to overlook the ongoing consultation and supervision component that Neighborcare provided.) Kontos concludes: "Obviously, there will be difficulty establishing the family day care model as a viable option in the continuum of services offered to families if special educators resist it...Special educators must become comfortable with a consultative role that involves helping others to provide direct early intervention services to children with handicaps. This change is crucial if children are to receive early intervention services in normalized, integrated settings."

Peck et al (1989) call it "ironic" that, "though we have considerable knowledge of pedagogical factors that are important to the success of integrated preschools, we have little formal knowledge of the socio-political factors that may be critical to the very existence of such programs," adding later that "the nature of resistance to integrated preschools may be based more on political than ideological or pedagogical factors."

The qualitative study described in their article was wholly devoted to exploring these socio-political factors in the context of efforts to implement preschool integration initiatives in three rural communities in eastern Washington. Among the findings was that teachers, parents, and administrators brought very different concerns to the process, and that "some issues of concern are not publicly put 'on the table' by constituents."

Peck et al found that even individuals who thought the existing system should be changed would tend to resist change in order to preserve certain aspects that they liked. For instance, one speech pathologist said, "I know there are better ways to deliver therapy than to pull kids out, but once you give up that child contact time the role of the [communication disorder specialist] becomes too ambiguous."

The authors recommend that anyone involved in trying to introduce integrated programs should perceive "the specific needs for control that are likely to motivate...participants," and to recognize how "the entire system may operate to preserve a set of negotiated arrangements as well as a decision-making process that meets many of the needs of the people involved." They recommend further that "there is a need to identify a highly visible means for people who have vested interests in the existing system to maintain some control over aspects of a revised system."

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